

**Eastern North Carolina Church of God  
Official Application for Youth Camp Counselor for 2008**

**Application must be received by the ENC Church of God Youth Department no later than May 12, 2008. Please PRINT clearly. All blanks must be filled in!**

*This application is to be completed by all applicants for any position, volunteer or paid, involving the supervision or custody of minors. It is being used to help the Eastern North Carolina Church of God Youth Department provide a safe and secure environment for those children and youth who participate in our programs.*

Representing Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_

Address / City / State / Zip: \_\_\_\_\_

How long at this address?: \_\_\_\_\_ If less than two years, please give previous address: \_\_\_\_\_

Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work

Place of Birth (City and State): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Please provide this personal information: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race

Driver's License Number and Issuing State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Educational Background: Elementary School \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Do you have any health problems or physical limitations? (Explain): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Other significant medical history: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Our insurance coverage is secondary to your personal insurance: Please list your:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In case of emergency, I grant permission for medical treatment. (*Under 18, parental signature required*) \_\_\_\_\_

Have you ever been convicted of, or pled guilty to a sexual assault, sexual abuse or child abuse? \_\_\_\_\_ Have you ever

neglected, molested or abused a child? \_\_\_\_\_ Have you ever been charged with any crime? \_\_\_\_\_ Have you ever

been involved in a homosexual activity? \_\_\_\_\_ Are you addicted to prescription drugs? \_\_\_\_\_ Use Tobacco?

\_\_\_\_\_ Use Alcohol? \_\_\_\_\_ Do you take illegal drugs? \_\_\_\_\_ Do you have a history of use of pornographic

materials? \_\_\_\_\_ Do you have recurring nightmares or sleep disturbances? \_\_\_\_\_ Explain any yes answers: \_\_\_\_\_

**History of Working with Children or Youth**

Name the churches you have attended or worked at in the last 10 years. Attach additional pages if necessary:

Church: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Date(s): \_\_\_\_\_

Area(s) of Involvement: \_\_\_\_\_

Church: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Date(s): \_\_\_\_\_

Area(s) of Involvement: \_\_\_\_\_

Name any other organization you have worked at involving children or youth. Attach additional pages if necessary:

Organization: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Date(s): \_\_\_\_\_

Area(s) of Involvement: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Date(s): \_\_\_\_\_

Area(s) of Involvement: \_\_\_\_\_

What is your **Shirt Size**: \_\_\_\_\_ S M L XL XXL XXXL

Have you ever worked youth camp before? \_\_\_\_\_ If yes, what position(s)? \_\_\_\_\_

Check the camp(s) you are available to work: **(You must be age 18 to work as a Youth Camp Counselor.)**

- \_\_\_\_\_ Teen Camp .....Ages 13 – 16 .....June 30 through July 4
- \_\_\_\_\_ Junior Camp .....Ages 10 – 12 .....July 7 – July 11
- \_\_\_\_\_ Junior Mini Camp .....Ages 7 – 9..... July 14 – July 17

Youth Camp **MANDATORY** staff orientation, begins promptly at 9:00 AM on Monday for each camp that you are working! Please read your acceptance letter for more details.

**APPLICANT STATEMENT and AUTHORIZATION FOR RELEASE**

I understand the importance of Youth Camp and will work for the spiritual, physical and emotional well-being of all campers if I am selected to serve this year. I further pledge to dress and conduct myself in a Christian manner and to subject myself to the guidelines set forth by the Eastern North Carolina Church of God Youth Department. I will attend the mandatory staff orientation. The information contained in this application is correct to the best of my knowledge. I authorize any churches or organizations listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or assigns as a result of this application for employment or service by the Church of God. I waive any right or privilege to inspect any information provided about me as a result of my application for employment or service at the Church of God. Should my application be accepted, I agree to be bound by the bylaws and policies of the Church of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I hereby authorize the Eastern North Carolina Church of God State Executive Office to obtain information regarding my background and criminal record history, and hereby release and discharge those organizations supplying the information from any liability of any kind of nature. I understand this information will be used for determining my participation in the Children’s and Youth Ministries at the Eastern North Carolina Church of God.

**I authorize without reservation, any person, agency, or other entity contacted by Eastern North Carolina Church of God, or their agents, to furnish the above-mentioned information.**

I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary. I understand that I may revoke this consent at any time except to the extent that information has already been released before I revoke it.

I further state that I have carefully read the foregoing release and understand its contents and I sign this release as my own free act. This is a legally binding agreement, and I have had the opportunity to have this agreement reviewed by my attorney before execution of same.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PASTOR’S RECOMMENDATION (required)**

I certify that the above applicant is a capable and qualified person to work in the Eastern North Carolina Church of God Youth Camp, and I give them my highest recommendation to serve in any capacity deemed necessary by the State Director of Youth and Christian Education.

Pastor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF RESERVATION**

While no one is rejected to work or attend the Eastern North Carolina Church of God Youth Camp on the basis of race, color, or creed, the State Director of Youth and Christian Education does reserve the right to accept or reject any application for volunteer work at the Eastern North Carolina Church of God Youth Camp, after review of said application reveals that the services of the applicant would or would not be in the best interest and success of the camp.

PLEASE RETURN THE APPLICATION TO: Eastern North Carolina Church of God,  
Youth Department, PO Box 100, Kenly, NC 27542.

*Check out our new youth website at [www.encyce.org](http://www.encyce.org)*